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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/791,622
Filing Date	March 2, 2004
First Named Inventor	Halperin
Art Unit	3737
Examiner Name	N/A
Attorney Docket Number	SUW-007.03

P.O. B	issioner for P ox 1450 idria, VA 2231								
Please withdraw me as attorney or agent for the above identified patent application, and									
☐ all the attorneys/agents of record.									
all the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
⊠ allt	e attorneys/agents associated with Customer Number 25181								
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are: The practitioners have been discharged (37 CFR 10.40(b)(4)).									
CORRESPONDENCE ADDRESS									
1. The correspondence address is NOT affected by this withdrawal.									
2. Change the correspondence address and direct all future correspondence to:									
☐ The address associated with Customer Number: OR									
Firm or Individu	al Name	Bryant Gold							
Address		Advanced Bionics Corporation 25129 Rye Canyon Road							
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Country	Country U.S.								
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Signature	/SCOTT E. KA	MHOLZ/							
Name	Scott E. Kamho	olz	Registr	gistration No. 48,543					
Date	January 27, 20			elephone No. 617-832-1176					
		ien approved rather than when received. Unless the					awa/		

This collection of information is required by 37 CFR 1.38. The information is required to octain or retain a benefit by the public which is office (and by the USPTO to process) an application. Confidentiality is geometed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is entire to incline its entire to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. All comments of the measured from super require to complete the form and/or suggestions for reducing this burders, should be sent to individual case. All comments of the measured from super the form and/or suggestions for reducing this burders, should be sent to SRND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.